

CLAIMS ONLY

Application Number

101628517

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments					
	Indep	Depend	Indep	Depend	Indep	Depend						
1	1						51					
2		1					52					
3		1					53					
4		1					54					
5	1						55					
6		1					56					
7		1					57					
8		1					58					
9	1						59					
10		1					60					
11		1					61					
12	1						62					
13	1						63					
14		1					64					
15		1					65					
16	1						66					
17		1					67					
18		1					68					
19		1					69					
20	1						70					
21		1					71					
22	1						72					
23	1						73					
24		1					74					
25		1					75					
26		1					76					
27		1					77					
28		1					78					
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35		1					85					
36		1					86					
37		1					87					
38		1					88					
39		1					89					
40		1					90					
41		1					91					
42		1					92					
43		1					93					
44		1					94					
45		1					95					
46							96					
47							97					
48							98					
49							99					
50							100					
Total Indep	9						Total Indep					
Total Depend	35						Total Depend					
Total Claims	44						Total Claims					